



**City of San Diego
Development Services**
1222 First Ave., MS-301
San Diego, CA 92101
619-446-5000

Zoning Verification

**FORM
DS-690**
MAR 2021

Name of Program _____

Firearm Sales

- The proposed use is not required to obtain a use permit.
 - The proposed use complies with section or table _____ of the SDMC.
- To operate a retail business for firearm sales at the following address:

Address, City and Zip Code of program

Manufacturing Firearms

- The proposed use is not required to obtain a use permit.
 - The proposed use complies with section or table _____ of the SDMC.
- To operate a manufacturing business of firearms at the following address:

Address, City and Zip Code of program

Outpatient & Drug Treatment Programs

- The proposed use is not required to obtain a use permit.
 - The proposed use complies with section or table _____ of the SDMC.
- To operate an outpatient and/or drug treatment program at the following address:

Address, City and Zip Code of program

CITY STAFF USE ONLY

Individual Confirming Compliance

Name: _____

Title: _____ Phone Number: _____

Signature of Local Planning Department representative: _____

Date Signed: _____

Development Services

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